Objectives of Research Notes

- To provide concise and timely information on social issues;
- To enhance the knowledge base of MPSD staff on social topics;
- To encourage the use of research data in decision-making and planning.

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Editorial

World Cancer Day is celebrated annually in February. This day brings back vivid memories of family members and friends who have succumbed to cancer. For me, Cancer is a bit too familiar. Within one year I have lost three family members to this frightful disease; two of whom had died within two weeks apart. Furthermore I have seen my daughter’s friend, a young woman 32 years of age, mother to a three year old son, succumbed to cancer. After accomplishing many of her goals, starting tertiary education, obtaining a permanent job and moving into her new house, she was suddenly diagnosed with the dreaded big “C”. Her dreams were shattered as she recognized that the end was near. Subsequently, one year and nine months later she passed on. Many similar stories that can be heard from both friends and relatives. What can we do about it? I implore persons to eat healthier, exercise regularly, and avoid the use of alcohol, tobacco and high levels of sugar.

What is CANCER?  

According to the World Health Organization (WHO), Cancer is a generic term for a large group of diseases that can affect any part of the body. It is also the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs. This process is referred to as metastasis. Metastases are the major cause of death from cancer. Other terms used are malignant tumours and neoplasms.

WHO describes the causes of cancer to be both internal and external factors. Internal: immune conditions inherited mutations, hormones and mutations that occur from metabolism. External: tobacco smoking, alcohol usage, chemicals, radiation and infectious organisms. Forms of cancer: Carcinoma - internal and external; Sarcomas - bone and muscle; Lymphomas - lymph nodes; Leukaeemia - bone marrow and blood stream; Adenomas -glands.

Many cancers can be prevented by avoiding exposure to common risk factors. If detected early, a significant proportion of cancers can also be cured, by surgery, radiotherapy or chemotherapy.
According to the World Cancer Report 2014, the rate of cancer is expected to increase to 22 million new cases each year by 2030, largely due to growth and population ageing. This suggests that the global cancer rate will increase by 57% over the next 20 years. Cancer deaths are also estimated to increase to 13 million per annum.

According to the Report prepared by the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO), in 2012, there were 14.1 million new cases of cancer (7.4 million cases were in men and 6.7 million in women) and 8.2 million cancer-related deaths. In 2008, it was 12.7 million new diagnoses and 7.6 million deaths.

The growing cancer burden is greatest in developing countries. Approximately 60% of world cancer sufferers are in Africa, Asia and Central and South America. These countries also account for 70% of cancer deaths worldwide.

According to 2012 data, the most commonly diagnosed cancers worldwide are lung (13%), female breast (11.9%) and bowel (9.7%) and prostate (8%). These four account for around 4 in 10 of all cancers diagnosed worldwide. The most common causes of cancer-related deaths develop in the lung, liver, bowel and stomach.

Smoking, infections, obesity, alcohol, air pollution, radiation and other environmental factors are said to be the major sources of "preventable" cancer. As such, Cancer Research UK have indicated some preventative measures against cancer by endorsing a healthier lifestyle, diet, exercise and reducing the intake of tobacco smoking and alcohol consumption.

In 2010, the total annual economic cost of cancer was estimated at US$1.6 trillion.

Cancer in the Caribbean

In Latin America and the Caribbean, cancer is a rapidly growing and increasingly deadly epidemic. According to the Pan American Health Organization (PAHO) and World Health Organization Report entitled: Americas Country Profiles 2013, cancer is the second leading cause of death in the Americas claiming an estimated 1.3 million lives per annum.

The report indicates that Latin America and the Caribbean account for 50% of cancer deaths in the Americas. The highest cancer mortality rates in the region are found in Trinidad and Tobago, Cuba and Argentina; whereas the lowest rates are in Mexico, Nicaragua and El Salvador. Declining overall cancer deaths are also evident in nine countries: Argentina, Brazil, Canada, Chile, Mexico, Nicaragua, Paraguay, Venezuela and the United States.

Cancer mortality rates also vary for men and women, as well as across countries. In Latin American and Caribbean men, the majority of cancer deaths are due to prostate, lung, stomach and colorectal cancers; and in women, breast, stomach, lung, cervical and colorectal cancers.
Cancer in Trinidad and Tobago

The PAHO/WHO Cancer in the Americas: Country Profiles 2013 revealed that Trinidad and Tobago has one of the highest cancer mortality rates in the Caribbean.

According to the Report, for the period 2000-2008, Trinidad and Tobago recorded a total of 11,855 cancer deaths. With the numbers showing a progressive increase from 2001 with 1,201 cases to 1,417 cases in 2008.

The 2008 statistics indicated that mortality was shown to be higher for men (746 deaths) than women (671 deaths). In the case of the men, prostate cancer was the most prevalent (34%) cause of cancer death; followed by lung (13%), colorectal (12%), pancreas (6%), and stomach and non Hodgkin lymphoma both at (4%).

Breast Cancer was identified as the leading cause of cancer death for women (23%), both cervix and colorectal (11%), ovary (7%) and both lung and pancreas (5%).

The WHO GLOBCAN project aims to provide contemporary estimates of the incidence of mortality and prevalence from major types of cancer at the national level for 184 countries. For Trinidad and Tobago, it has predicted an estimated total of 2,525 cancer deaths (all ages) in 2020 (1,508 males and 1,017 females. And the number of new cancers in 2020 (all ages) to be a total of 4,477 (2,598 male and 1,879 female).

Cancer and Obesity

Obesity is often measured with Body Mass Index (BMI): the ratio of a person's weight and height. A normal BMI is between 18.5 and 24.9. A BMI between 25 and 29.5 is considered overweight, while a BMI of 30 or higher is obese.

The PAHO/WHO Americas Country Profiles 2013, showed obesity is highest in the English-speaking Caribbean countries of Bahamas, Belize, St. Kitts & Nevis and Trinidad and Tobago. The report further indicates that 30% of the T&T adult population is obese. This finding was replicated by the United Nations Food and Agriculture Organization, which ranked TT as 6th among all countries worldwide as a result.

Additional statistics suggest that the obesity epidemic is increasing as TT registered a 65% increase for adults and a 55% increase for children in the last 15 years.

Research suggest that obesity and excess weight impact the incidence and progression of some cancers. These include cancers of the: Breast (in post menopausal women), gallbladder, pancreatic, oesophageal, colon, and uterine.

Cancer and Poverty

Cancer touches every country in the world and according to the WHO, cancer contributes to poverty and impedes development. Thus, cancer control must inevitably be a development priority.

PAHO indicates that 47% of cancer cases and 55% of cancer deaths occur in less developed nations. If current trends continue, it is predicted that by 2030, the burden of cancer can increase to 81% in these regions, compared to 2008.

According to research, poverty increases cancer incidence and mortality. Some responsible factors include lack of employment and education, lack of access to medical care, chronic malnutrition and a fatalistic attitude. Amongst the poor, opportunities for early detection, treatment and cure are also severely limited. Cancer tends to be detected at an advanced stage, when palliative care is the only possible intervention.

WHO estimates that 100 million people are pushed below the poverty line annually as a result of health care expenditure.
Myths About Cancer

To eliminate the misconceptions about cancer, the WHO World Cancer Day 2014 seeks to debunk the Myths.

Myth 1: We don’t need to talk about cancer
Cancer affects all ages, all socioeconomic groups, and all economies. Discussing cancer openly helps improve better outcomes for individuals, community and government.

Myth 2: There are no signs or symptoms of cancer
Not all cancer gives early signs and symptoms, but early detection and awareness can prevent late stages of cancer.

Myth 3: There is nothing I can do about cancer.
One third of the most prevalent cancers can be treated by implementing good policy, making strategies that promote a healthy lifestyle and addressing all the factors that causes cancer, such as alcohol, tobacco smoking and obesity.

Myth 4: I don’t have the right to cancer care
Persons who have been diagnosed with cancer have all access to medical care without any inequality or discrimination. In Trinidad and Tobago cancer patients have free medical treatment and access to cancer facilities.

Research In the Caribbean

Cervical Cancer is a significant public health concern in the Caribbean. It is the second most common cancer and the second leading cause of cancer deaths among women; where it accounts for 13% of all cancer cases and 10.4% of all cancer deaths. However, incidence and mortality data varies across the region; from 2006 to 2008, cervical cancer mortality ranged from 2.8/100,000 to 21.7/100,000.

Cervical cancer is caused by persistent infection with the human papillomavirus (HPV) and is a highly preventable disease. Screening women for precancerous cervical lesions can detect early stages of the disease, and when treated, will prevent progression to invasive cervical cancer. Vaccines against the HPV are also available to prevent infections. However, in the region, cervical cancer prevention and control remains a challenge.

The PAHO/WHO Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control in Latin America and the Caribbean aims to strengthen cervical cancer program effectiveness, through a 7-point plan of action, across the continuum of care from primary prevention, screening, treatment, palliative care and cancer registration. A Situational Analysis of Cervical Cancer Prevention and Control in the Caribbean was conducted in keeping with the Cervical Cancer Regional Strategy.

In December 2013, the Situational Analysis of Cervical Cancer Prevention and Control in the Caribbean was published by PAHO/WHO and the Healthy Caribbean Coalition. The Report presented the results of the situation assessment of the current capacities for cervical cancer prevention and control in the non-Latin Caribbean countries, including an overview of the current policies, programs and services in the region. The assessment is also intended to assist the countries with better understanding the strengths, needs and gaps in their national cervical cancer programs. Information is provided for 18 countries, of which Trinidad and Tobago is included.

Some findings from the assessment include:
- An urgent need to improve radiotherapy capacity which has limited availability;
- The limited capacity of cytology laboratories to meet the demands needed for a high screening coverage, acceptable turnaround time for Pap test results, and quality control;
- The need for information systems with unique patient identifiers to follow up women and ensure connection of all levels of the health care system.
A Snapshot of Achievements

There are a number of key cancer care and treatment services provided in Trinidad and Tobago, which all citizens are entitled to free of charge. Cancer treatment is available at Port of Spain and San Fernando General Hospitals, Eric Williams Medical Sciences Complex and the St. James Medical Complex.

- The National Oncology Programme (NOP) provides the following services: treatment, education, awareness, prevention, screening and early diagnosis, palliation and supportive care.
- A National Oncology Centre (NOC) at the Eric Williams Medical Sciences Complex (EWMSC) is expected be opened to the public in November 2014.
- A National Radiotherapy Centre is located at the St James Medical Complex.

Aging and Cancer

According to the American Society of Clinical Oncology:

- Ageing is the single biggest risk factor for developing cancer.
- Disease and disability, which may interfere with cancer treatment and recovery, are more likely to occur in older adults.
- Co-existing or co-morbid conditions, such as high blood pressure, heart disease, lung disease, diabetes, kidney disease, and arthritis can affect the treatment selections for cancer and the type and severity of treatment side effects in older persons.
- Older people with cancer often have a different set of concerns than other adults with cancer, which may affect how they will cope with cancer.
- Some of the concerns that older persons with cancer may have include: maintaining independence, feelings of social isolation, spiritual and financial concerns, physical limitation and transportation.

Proposed Areas for Research

Cancer is a significant public health burden and effective and efficient strategies must be implemented to curb the epidemic. Research must be a significant part of that strategy. Some social research topics include:

- Monitoring and Evaluation of Cancer Care interventions.
- Cancer and Ageing.
- Cancer and Spirituality.
- Coping with Secondary Cancers.
- Life with and Life after Cancer.
- Living with Breast Cancer/Prostrate Cancer.
- Issues confronting Cancer Survivors.
- Survivorship and Quality of Life.
- The Impact of Cancer on the Family.
- Being Overweight or Obese and Living with Cancer
- Cancer and Poverty.

“The rise of cancer worldwide is a major obstacle to human development and well-being. These new figures and projections send a strong signal that immediate action is needed to confront this human disaster…”
Main Activities of the Social Investigations Division

- To conduct research on major social issues
- To monitor socio-economic trends and indicators; and keep abreast of current local and international research studies relevant to the social sector
- To determine in collaboration with social sector Ministries a research policy and agenda for the Sector, and to monitor its implementation
- To liaise with regional and international funding agencies to identify areas for collaboration
- To develop and maintain a central database on socio-economic indicators
- To conduct annual reviews of socio-economic performance and prepare reports examining social conditions, problems and needs at the regional, national and community levels
- To serve as the operational arm of the Inter-Ministerial Research Council
- To facilitate the building of capacity in all aspects of social research.

References


Ministry of Health 2012, World Cancer Day 2012 Cancer in the Americas Country Profile 2013

Global Cancer Facts and Figures 2nd Edition 2011
WHO World Cancer Report 2010

This Research Note on Cancer will be available at SID, the MPSD Library and the MPSD Website. Look out soon for the Social Investigation Division’s Working Paper Series and Statistical Bulletin.